

PLEASE PRINT

STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

RECEIVED

APR 15 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lo	bbyist(s) Robert Clegg, Det	ora Vanderbeek, Peril	dis Karoutas	
II. Name of lo	bbyist's partnership, firm o	r corporation, if any:		
	Legislative Solution	is, L.L.C.		•
	(Name of partnership, firm or			•
	P.O. Box 10724	Bedford	NH	03110
Business Addres		(Town/City)	(State)	(Zip Code)
(613) 860-30	682 ()	e-mail senclegg@	Paol.com
	phone)	(Fax)		
reportable exp	ment covers: (Choose one – pense transactions which are	e not attributable to a	ny one client).	
All reporta	ble transactions occurring in t	he months prior to the	reporting date relative to th	e following client:
. Na	itional Association of Profe	ssional Employer Org	anizations (NAPEO)	
	(Full Name of Client a	s it appears on the Lobby	st Registration Form)	
<u>OR</u>				C P. 11 1 11 1
•	ble transactions by the lobbyis by particular client.	t (including the lobbyis	i's lamily), or the lobbying	g firm listed below which are
IV. Date of Re	eport April 24, 2019 🕅		July 31, 2019 🛚	
Reports cover:	activity from date of registrat	tion to 3/31/19 a	ctivity from 4/1/19 to 6/30/19 	
	October 30, 2019 [activity from 7/1/19 to 9		January 29, 2020 ☐ activity from 10/1/19 to 12/31.	/19
	ve been no fees received at hecked, complete just this forn 03301.			
VI. Check if a	idditional reports are attach	ed:		
	e received fees or made expen		Addendum A- Fees and E	xpenses
	e paid an honorarium or reimb bursement	oursed expenses, you m	ust file Addendum B– Re	port of Honorariums or
☐ If you, you	ur firm, or your family has ma	de political contributio	ns, you must file Addendu	m C- Political Contributions
I have read RS	nent/Affirmation by Lobbyis SA 15, RSA 15-B, RSA 14-C a to the best of my knowledge a lobbyist)	and RSA 664 and hereb	by swear or affirm that the	_
Robert Clegg	3 0			
(Print Name o				

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STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

RECEIVED

APR 15 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)	Robert Clegg, Debra Vanderbeek, Perikl	is Karoutas
II. Name of lobbyist's par	tnership, firm or corporation, if any:	
	egislative Solutions, L.L.C.	
(Name of part	nership, firm or corporation)	
III. Name of Client Nationa	al Assoc. of Professional Employer Organizat	ions Date April 9, 2019
to lobbying, including fees for	all fees received from the client identified above or services such as public advocacy, governmen ng legislation, and related legal work. The gr	t relations, or public relations services coss fee amount reported shall not be
a) Total of all fees received i	n this reporting period	a) \$ 12,000.00
	this calendar year, prior to this reporting period tal of all prior monthly reports for this calendar y	b) \$ <u>0</u>
c) Total of all fees received (Add lines a and b)	to date	c) \$ <u>12,000.00</u>
d) Indicate the amount of an yet been paid	y such fees that are due, but have not	d) \$ <u>0</u>
fees. Separate reports are to the lobbyist(s)/firm that are Expenses are to be reported during the reporting period in dividual expenses where the lunch where the cost was \$2: being lobbied, purchase of a (c) an itemized statement of any purpose not covered by ceremonial object to be give restaurant expenses for a leg contributions will be reported	rships, firms, or corporations are required to repose be filed for expenditures made relative to each unrelated to any one client a separate report in one of three categories of expenses: (a) the for salaries, benefits, support staff, and office expenditure was of \$25.00 or less (for examp 5.00 or less, purchase of a pen with a value of leceremonial object given to a person being lobbicatch individual expenditure made during this repeat (a) (for example: purchase of a meal with value of the subject of lobbying with a value great gislative reception). Expenses for honorariums of on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm. he aggregate total of all expenses paid expenses; (b) the aggregate total of all oble: meals purchased during a business less than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for lue of greater than \$25, but not greater than \$50, s, expense reimbursement, or political
support staff, and office expe	for this reporting period for salaries, benefits, enses, related directly or indirectly to lobbying.	a) \$ 12,000.00
b) Total aggregate of expendin a), of \$25 or less.	ditures during this reporting period, not reported	b) \$ <u>0</u>
c) Total of all itemized expe	nditures reported in detail in section VI.	c) \$ <u>0</u>

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 12,000.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>0</u>
f) Total of all expenses year to date	f) \$ <u>12,000.00</u>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
They Cley	April 9, 2019
(Eignature of lobbyist)	(Date)
Robert Clegg	
(Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying par	tnership, firm, or corpo	ration: Legislative Solution	ns, L.L.C.
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to an
particular client):	cular client): National Association of Professional Employer Organizations		
Date of Report (check	one):		
April 24, 2019 🔯	July 31, 2019 🛚	October 30, 2019 🗅	January 29, 2020 □
			nd Expenses described above, an umber of Addendum forms being
X Addendum A(s).		
Addendum B(s).		
Addendum C(s).		
•	my knowledge and bel	ief.	nt and each Addendum is true an 9, 2019 (Date)
Debra Vanderbeek			
(Print Name of lobbyis	et)		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Staten	nent/Aff	ĭrmati	ion by	Lobbyist
Statem	ent of	Income	and E	xpense	s for:

		or the partnership, firm, or	·
particular client): National Association of Professional Employer Organizations			
Date of Report (check	one):		
April 24, 2019 💋	July 31, 2019 🗆	October 30, 2019 □	January 29, 2020 □
			d Expenses described above, and imber of Addendum forms being
X Addendum A(s).		
Addendum B(s).		
Addendum C(s).		
	n that the foregoing in my knowledge and bel		nt and each Addendum is true and
complete to the best of			
complete to the best of		April	9, 2019